GA MMIS Health Care Payer Unsolicited Claim Status 277U Companion Guide 003070

Georgia Medicaid Management Information System
Fiscal Agent Services Project

Version 1.6

Document Control

Modification Log

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1 Introduction

The following is intended to be a companion document to the National Electronic Data Interchange Transaction Set Implementation Guide, Health Care Payer Unsolicited Claim Status, ASC X12N 277 (003070X070) Draft 3.

This transaction is not a Health Insurance Portability and Accountability Act (HIPAA) covered transaction. The authors of the HIPAA covered Transaction for the Remittance Advice (835) do not recommend including information about suspended claims from the adjudication system in the remittance advice. For financial accounting purposes, the authors recommend that the remittance advice process, which generates the 835 transaction set, only contain information pertaining to finalized claims. For that reason, the Georgia Department of Community Health (DCH) is utilizing this 277 Health Care Payer Unsolicited Claim Status to communicate pended claim information in an electronic format to fee-for-service providers.

Georgia Department of Community Health will also utilize this 277 Health Care Payer Unsolicited Claim Status for the following:

1. Communicate paid and denied claim information to Managed Care Organizations. Those organizations will not receive the 835 transaction for paid and denied claims.

2. Report on claims that did not contain a valid billing provider number. Those claims will not be reported on the 835 transaction.

1.1 Purpose

This transaction provides fee-for-service providers status information for pended claims, managed care organizations status information for paid and denied claims and fee-for-service providers information on those claims that were received that did not contain a valid billing provider. The business application of the 277U will also augment the use of the Health Care Claim Status Request and Response paired transaction by providing the Internal Control Numbers (ICN) assigned to claims for trading partners to specifically inquire upon.

Unsolicited Health Care Payer Claim Status response will be sent weekly in a batch mode for fee-for-service providers, daily for managed care organizations along with any claim transaction in which a Medicaid provider ID or National Provider Identifier (NPI) is unidentifiable.

Even though the use of the 277U was not included in the Transactions and Code Set Final Regulations, the Georgia Department of Community Health and HP Enterprise Services have elected to support the 277 Health Care Payer Unsolicited Claim Status Version 3070, Draft Version 3, Implementation Guideline.

1.2 Minimum Mandated Processing Requirements

The business purpose described herein is not a HIPAA-mandated business purpose and thus is agreed upon between willing trading partners. The Georgia Department of Community Health requirements are as follows:

1. Information Source Identifier (77034)

2. Information Receiver Identifier (Trading Partner as assigned by the HP Enterprise Service EDI Service Team)

3. Service Provider Identifier (NPI or Medicaid Provider ID)

4. Member Identifier (Member Number)

5. Claim Dates of Service (Header and/or Detail)

6. Header Claim Submitted Charges

The claim status segment is required at the header of the claim. Therefore, a header status will always be given. Within the status segment, there are certain minimum requirements.

1. The status data element defined in the 277 Transaction Set is a composite data structure that consists of three difference data elements. It is repeated a total of three times within the STC segment. Each status data element consists of the following three data elements:

    a. Health Care Claim Status Category Code – The overall category for where the claim currently is in processing (e.g., P2 – Pending/In Process – The Claim is suspended pending review).

    b. Health Care Claim Status Code – Detailed information as to the reason the claim being in the category defined in the category code (e.g., 450 – Awaiting spend down determination).

    c. Entity Identifier – The identity of the entity from which additional information about the claim has been requested if the claim is pended for additional information (e.g., QC – Patient).

2. The status effective date is always sent within this segment at the Claim Header level. This will consist of the last date that the claim adjudicated in the system.

3. The Action Code is always sent at the Claim Header level. This directs the receiver of the transaction as to what actions are required on their part.

4. The claim header submitted charge is always sent at the Claim Header level.

5. A free-form text area is available for specific messages related to the Health Care Claim Status Code 448. The code 448 is not currently utilized, thus STC12 will not be populated.

6.

1.3   Special Considerations for 277U Transactions

1. **Subscriber, Insured = Member in the Georgia Medicaid Eligibility Verification System:**

   The Georgia Medicaid Eligibility Verification System does not allow for dependents to be enrolled under a primary subscriber, rather all enrollees/members are primary subscribers within each program.

2. **Provider Identification = Georgia Department of Community Health Medicaid ID or NPI:**

   The implementation date for National Provider Identifier (NPI) was May 23, 2007.

   Beginning May 23, 2008 for all health care providers, the Provider NPI, Taxonomy Code and Zip Code + 4 postal code must be received in the appropriate loops. The NPI will be sent in the NM109, where NM108 equals XX. The Taxonomy Code will be sent in the PRV03 and the Zip Code + 4 postal code will be sent in the N403 and N404.

   For all non-healthcare providers where an NPI is not assigned, the claim must contain the Medicaid Provider Number within the appropriate loops within the REF segment where REF01 equals '1D'.

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2 Transmission and Data Retrieval Methods

HP Enterprise Services supports several types of data transport depending upon the provider's, trading partners or billing agent's needs. Providers and their representatives submit and receive data using: Web Portal, Remote Access Server (RAS) and Secure File Transfer Protocol (SFTP).

1. Web portal: Data is transmitted using the secure Web Portal. The Web Portal is normally available to customers 24 hours per day, seven days per week with the exception of scheduled maintenance. Submission options are Direct Data Entry (DDE) and Batch. The GAMMIS Web Portal (as a single gateway) is an important tool providing general and program specific information and links to other programs, applications, related agencies, and resources. The Web Portal has both secure (intranet) and non-secure (public internet) areas.

2. Remote Access Server (RAS): The RAS enables providers to access all options of the secure Web portal without the use of an Internet Service Provider. This option is available to users who do not have an existing Internet connection. The RAS server typically supports users that need a dial-up option. Trading partner data transmitted using the RAS can be transmitted the same as the Internet secure site using DDE or upload batch transactions.

   After the connection is established, the landing page is presented. A user either logs on and is presented with their secure provider page, or selects 'register' if they are a first-time user.

   Once logged on, the user will have access to the various secure Web portal options, including File Upload and File Download for EDI transactions.

3. Secure File Transfer Protocol (SFTP): SFTP uses Secure Shell (SSH) to encrypt and then securely transmit data across a potentially unsecured connection. Functionally SFTP (required) is similar to FTP, but offers protection to sensitive data. Secure Shell or SSH is a network protocol that allows data to be exchanged using a secure channel between two networked devices.

   This option allows provider, vendors, and all other trading partners to transfer claim files to HP Enterprise Services using the secure file transfer protocol server. Trading partners must notify us specifically if wishing to use this transmission method to transmit files.

   HP Enterprise Services requires that the SFTP submitters send their public key and HP Enterprise Services exchanges its public key with the submitter for encryption purposes. HP Enterprise Services will setup a username and password for the submitter to access the server.

Detailed information to assist with EDI related processes are available on the Provider Public Web at: www.mmis.georgia.gov.

2.1   File/System Specifications

All 277U transactions that are generated will be in a zip file. There will be one (1) file within each zip file. The naming of the zip file will be the same as the file within the zip file with the exception of the .zip extension.

File Name Format for Outbound 277U

Financial (Pended/Suspended): BatchID_TransactionType_ProviderID.dat

- BatchID = File ID assigned during EDI processing

- Transaction Type = 277UX12BATCH

- Provider ID = XXXXXXXXXA

Encounter Claim (Reporting): BatchID_TransactionType_Original Input Batch ID_Transaction_Process Date.dat

- BatchID = File ID assigned during EDI processing

- Transaction Type = 277UX12BATCH

- Original Input Batch ID = File ID assigned for the 837 transaction

- Process Date = Date when 277U process was ran, CCYYMMDD format

Invalid Billing Provider: BatchID_BatchID_TransactionType_ProviderID.dat

- First BatchID = File ID assigned during EDI processing of the 277U transaction

- Second BatchID = File ID assigned during EDI processing of the associated input 837 transaction.

- Transaction Type = 277UX12BATCH

- Provider ID = XXXXXXXXXA

The Web portal is designed, but not limited to support the following Internet browsers:

1. Internet Explorer, version 6 or later

2. Firefox, version 1.5 or later

3 Transmission Responses

The 277U is an outbound transaction and there are no associated responses.

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4 EDI Support

The HP Enterprise Services EDI Service Team is available to support trading partners and providers that exchange transactions electronically. Support functions include:

1.	Enrollment processing for trading partners requesting to submit transactions electronically

2.	Installation assistance and submission support for Provider Electronic Solutions (PES) software

3.	Provide assistance to billing agents, clearinghouses and software vendors

4.	Identifying and troubleshooting technical issues

5.	Data Exchange help

The EDI staff will be available Monday through Friday 8:00 a.m. to 5:00 p.m. EST by calling 877-261-8785 or 770-325-9590.

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5 Control Segment Definitions For GEORGIA Medicaid 277U Transaction

Note the page numbers listed below in each of the tables represent the corresponding page number in the X12N 277U Version 3070 Draft Implementation Guide.

X12N EDI Control Segments
ISA – Interchange Control Header Segment
IEA – Interchange Control Trailer Segment
GS – Functional Group Header Segment
GE – Functional Group Trailer Segment
ST – Transaction Set Header
SE – Transaction Set Trailer

5.1 ISA - Interchange Control Header Segment

Communications transport protocol interchange control header segment. This segment within the X12N implementation guide identifies the start of an interchange of zero or more functional groups and interchange-related control segments. This segment may be thought of traditionally as the file header record.

277 Health Care Payer Unsolicited Claim Status				
Page	**Loop**	**Segment**	**Data Element**	**Comments**
B.3	N/A	ISA	ISA01 - Authorization Information Qualifier	'00' – No Authorization Information Present
B.3	N/A	ISA	ISA02 - Authorization Information	[space fill]
B.4	N/A	ISA	ISA03 - Security Information Qualifier	'00' – No Security Information Present
B.4	N/A	ISA	ISA04 - Security Information	[space fill]
B.4	N/A	ISA	ISA05 - Interchange ID Qualifier	'ZZ' – Mutually Defined
B.4	N/A	ISA	ISA06 - Interchange Sender ID	'**77034**' – GA MMIS Trading Partner ID. Left justified and space filled.

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Page	Loop	Segment	Data Element	Comments
B.4	N/A	ISA	ISA07 - Interchange ID Qualifier	'ZZ' – Mutually Defined
B.5	N/A	ISA	ISA08 - Interchange Receiver ID	'Trading Partner ID' Supplied by Georgia Medicaid left justified and space filled.
B.5	N/A	ISA	ISA09 - Interchange Date	The date format is YYMMDD.
B.5	N/A	ISA	ISA10 - Interchange Time	The time format is HHMM.
B.5	N/A	ISA	ISA11 - Interchange Control Standards Identifier	'U' – Interchange Control Standards Identifier
B.5	N/A	ISA	ISA12 - Interchange Control Version Number	'00307' – Control Version Number
B.5	N/A	ISA	ISA13 - Interchange Control Number	Interchange Unique Control Number – Must be identical to the interchange trailer IEA02.
B.5	N/A	ISA	ISA14 - Acknowledgment Requested	'0' – No Acknowledgement Requested
B.6	N/A	ISA	ISA15 - Usage Indicator	'T' - Test Data 'P' - Production Data
B.6	N/A	ISA	ISA16 - Component Element Separator	':' – Component Element Separator

5.2 IEA - Interchange Control Trailer

Communications transport protocol interchange control trailer segment. This segment within the X12N implementation guide defines the end of an interchange of zero or more functional groups and interchange-related control segments. This segment may be thought of traditionally as the file trailer record.

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Page	Loop	Segment	Data Element	Comments
B.7	N/A	IEA	IEA01 - Number of included Functional Groups	Number of included Functional Groups
B.7	N/A	IEA	IEA02 - Interchange Control Number	Must be identical to the value in ISA13.

5.3 GS – Functional Group Header

Communications transport protocol functional group header segment. This segment within the X12N implementation guide indicates the beginning of a functional group and provides control information concerning the batch of transactions. This segment may be thought of traditionally as the batch header record.

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Page	Loop	Segment	Data Element	Comments
B.8	N/A	GS	GS01 - Functional ID Code	'HN' – Health Care Claim Status Notification (277)
B.8	N/A	GS	GS02 - Application Sender's Code	This will be equal to the value in ISA06.
B.8	N/A	GS	GS03 - Application Receiver's Code	This will be equal to the value in ISA08.
B.8	N/A	GS	GS04 - Date	The date format is YYMMDD.
B.8	N/A	GS	GS05 - Time	The time format is HHMM.
B.9	N/A	GS	GS06 - Group Control Number	Group Control Number
B.9	N/A	GS	GS07 - Responsible Agency Code	'X' – Responsible Agency Code
B.9	N/A	GS	GS08 - Version/ Release/ Industry ID Code	'003070X070' – Version / Release / Industry Identifier Code

5.4   GE – Functional Group Trailer

Communications transport protocol functional group trailer segment. This segment within the X12N implementation guide indicates the end of a functional group and provides control information concerning the batch of transactions. This segment may be thought of traditionally as the batch trailer record.

277 Health Care Payer Unsolicited Claim Status				
Page	**Loop**	**Segment**	**Data Element**	**Comments**
B.10	N/A	GE	GE01 – Number of Transaction Sets Included	Number of included Transaction Sets
B.10	N/A	GE	GE02 – Group Control Number	Must be identical to the value in GS06.

5.5   ST – Transaction Set Header

Communications transport protocol transaction set header segment. This segment within the X12N implementation guide indicates the start of the transaction set and assigns a control number to the transaction. This segment may be thought of traditionally as the claim header record.

277 Health Care Payer Unsolicited Claim Status				
Page	**Loop**	**Segment**	**Data Element**	**Comments**
27	N/A	ST	ST01 – Transaction Set Identifier Code	'277' – Health Care Claim Status Notification
27	N/A	ST	ST02 – Transaction Set Control Number	Transaction Control Number

5.6   SE – Transaction Set Trailer

Communications transport protocol transaction set trailer. This segment within the X12N implementation guide indicates the end of the transaction set and provides the count of transmitted segments (including the beginning (ST) and ending (SE) segments). This segment may be thought of traditionally as the claim trailer record.

277 Health Care Payer Unsolicited Claim Status				
Page	**Loop**	**Segment**	**Data Element**	**Comments**
107	N/A	SE	SE01 – Number of Included Segments	Total number of segments included in Transaction Set including ST and SE.
107	N/A	SE	SE02 – Transaction Set Control Number	Must be identical to the value in ST02.

5.7 Valid Delimiters

The delimiters documented below will be used for Georgia Medicaid, unless otherwise requested by a trading partner.

Definition	ASCII	Decimal	Hexadecimal
Segment Separator	~	126	7E
Element Separator	*	42	2A
Compound Element Separator	:	58	3A

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6 Companion Guide For The 277U Transaction

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Page	Loop	Segment	Data Element	Comments
Header				
28	N/A	BHT	BHT03 - Reference Identification	**FFS**: RA (Remittance) number **Encounter & Invalid Provider**: Trading Partner ID and Current Date in CCYYMMDD Format
29	N/A	BHT	BHT06 - Transaction Type Code	'NO' – Notice
Information Source				
30	2000A	HL	HL01 - Hierarchical ID Number	The first HL01 value will be '1' and each HL will increment by one throughout the transaction set.
30	2000A	HL	HL02 - Hierarchical Parent ID Number	'0' – Hierarchical Parent ID Number
31	2000A	HL	HL03 - Hierarchical Level Code	'20' – Information Source
31	2000A	HL	HL04 - Hierarchical Child Code	'1' – Additional Subordinate HL Data Segment in this Hierarchical Structure
Payer Name				
33	2100A	NM1	NM103 – Name Last or Organization Name	'DEPT OF COMMUNITY HLTH GA MEDICAID'
33	2100A	NM1	NM108 – Identification Code Qualifier	'PI' – Payor Identification
33	2100A	NM1	NM109 - Identification Code	'77034'
34	2100A	N3	N301 - Address Information	'PO BOX 105201
35	2100A	N4	N401 - City Name	'TUCKER'
35	2100A	N4	N402 - State or Province Code	'GA'
35	2100A	N4	N403 - Postal Code	'30085'
Information Receiver				

277 Health Care Payer Unsolicited Claim Status

Page	Loop	Segment	Data Element	Comments
36	2000B	HL	HL01 - Hierarchical ID Number	Incremented by '1' from the previous HL segment in the Transaction Set.
36	2000B	HL	HL02 - Hierarchical Parent ID Number	The value in this data element will reference the Parent HL01 at the Information Source Level.
37	2000B	HL	HL03 - Hierarchical Level Code	'21' – Information Receiver
37	2000B	HL	HL04 - Hierarchical Child Code	'1' – Additional Subordinate HL Data Segment in this Hierarchical Structure
			Information Receiver Name	
38	2100B	NM1	NM102 – Entity Type Qualifier	'1' – Person '2' – Non-Person Entity
39	2100B	NM1	NM103 – Name Last or Organization Name	**FFS & Encounter**: When NM102 = '2', Provider Organization Name as stored on GA Medicaid Provider File When NM102 = '1', Provider Last Name as stored on GA Medicaid Provider File. **Invalid Provider**: Submitter Name that was received on the original claim (1000A-NM103)
39	2100B	NM1	NM104 – Name First	**FFS & Encounter**: When NM102 = '1', Provider First Name as stored on GA Medicaid Provider File **Invalid Provider**: Submitter Name that was received on the original claim (1000A-NM104)
39	2100B	NM1	NM108 - Identification Code Qualifier	'46' – Electronic Transmitter Identification Number (ETIN)
39	2100B	NM1	NM109 - Identification Code	**FFS**: Georgia Medicaid Provider Number

277 Health Care Payer Unsolicited Claim Status				
Page	Loop	Segment	Data Element	Comments
				Encounter & Invalid Provider: Trading Partner ID
Provider of Service				
42	2000 C	HL	HL01 - Hierarchical ID Number	Incremented by '1' from the previous HL segment in the Transaction Set.
42	2000 C	HL	HL02 - Hierarchical Parent ID Number	The value in this data element will reference the Parent HL01 at the Information Source Level.
43	2000 C	HL	HL03 - Hierarchical Level Code	'19' – Provider of Service
43	2000 C	HL	HL04 - Hierarchical Child Code	'1' – Additional Subordinate HL Data Segment in this Hierarchical Structure
Provider Information				
44	2100 C	NM1	NM102 - Entity Type Qualifier	'1' – Person '2' – Non-Person Entity
45	2100 C	NM1	NM103 - Name Last or Organization Name	**FFS & Encounter:** When NM102 = '2', Provider Organization Name as stored on Georgia Medicaid Provider File When NM102 = '1', Provider Last Name as stored on Georgia Medicaid Provider File **Invalid Provider**: Where NM102=2, 'NAME MISSING'
45	2100 C	NM1	NM104 - Name First	**FFS & Encounter**: When NM102 = '1', Provider First Name as stored on Georgia Medicaid Provider File
45	2100 C	NM1	NM108 - Identification Code Qualifier	'SV' – Service Provider Number 'XX' - National Provider Identifier (NPI)
45	2100 C	NM1	NM109 - Identification Code	**FFS & Encounter:** If NM108='SV' (Georgia

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Page	Loop	Segment	Data Element	Comments
				Medicaid Provider Number) If NM108='XX' (NPI) **Invalid Provider**: Provider Number that was received on the original claim (2010AA-NM109)
			Subscriber	
46	2000D	HL	HL01 - Hierarchical ID Number	Incremented by '1' from the previous HL segment in the Transaction Set.
46	2000D	HL	HL02 - Hierarchical Parent ID Number	The value in this data element will reference the Parent HL01 at the Information Source Level.
47	2000D	HL	HL03 - Hierarchical Level Code	'22' – Subscriber
47	2000D	HL	HL04 - Hierarchical Child Code	'0' – No Subordinate HL Segment in this Hierarchical Structure
			Subscriber Name	
49	2100D	NM1	NM101 - Entity Identifier Code	'QC' - Patient
49	2100D	NM1	NM102 - Entity Type Qualifier	'1' - Person
49	2100D	NM1	NM103 - Name Last or Organization Name	Member's Last Name
49	2100D	NM1	NM104 - Name First	Member's First Name
49	2100D	NM1	NM105 - Name Middle	Member's Middle Initial, if available
49	2100D	NM1	NM108 - Identification Code Qualifier	'MR' – Medicaid Member Identification Number
49	2100D	NM1	NM109 - Identification Code	Georgia Member Medicaid ID
			Claim Submitter's Identifier	
53	2200D	TRN	TRN01 - Trace Type Code	'2' – Reference Transaction Trace Numbers
53	2200D	TRN	TRN02 - Reference Identification	Patient Control Number that was received on the original claim. (2300-CLM01)

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Page	Loop	Segment	Data Element	Comments
54	2200D	TRN	TRN04 - Reference Identification	If applicable, the value that was received on the original claim from SBR09.
55-59	2200D	STC	STC01-1, STC10-1 and STC11-1 - Health Care Claim Status Category Code	From Code List 507 Claim Status Category Codes are available at www.wpc-edi.com
55-59	2200D	STC	STC01-2, STC10-2 and STC11-2 - Health Care Claim Status Code	From Code List 508 Health Care Claim Status Codes are available at www.wpc-edi.com
55-59	2200D	STC	STC01-3, STC10-3 and STC11-3 - Entity Identifier Code	Used to clarify STC01-2.
58	2200D	STC	STC02 - Status Information Effective Date	Status Date of Claim. Format YYMMDD
58	2200D	STC	STC03 - Action Code	'NA' – No Action Required
58	2200D	STC	STC04 – Monetary Amount	Original Submitted Charges.
60	2200D	REF	REF01 - Reference Identification Qualifier	**FFS & Encounter:** '1K' – Payor's Claim Number **Invalid Provider**: Will not receive this REF segment
60	2200D	REF	REF02 - Reference Identification	**FFS**: 13-digit ICN assigned by Georgia Medicaid for this claim. **Encounter**: 13-digit ICN assigned by Georgia Medicaid for this claim if claim was accepted. "REJECTED" if the claim was not accepted.
62	2200D	REF	REF01 - Reference Identification Qualifier	'BLT' – Billing Type This REF segment is only sent if the original claim was billed on an 837I transaction for EDI, Web Portal DDE Institutional claim or UB04 for Paper Claims.
62	2200D	REF	REF02 - Reference Identification	'Type of Bill' that was present on the original claim
64	2200D	REF	REF01 - Reference	'EA' – Medical Record

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Page	**Loop**	**Segment**	**Data Element**	**Comments**
			Identification Qualifier	Identification Number
64	2200D	REF	REF02 - Reference Identification	Medical Record Number that was received on the original claim.
66	2200D	DTP	DTP01 - Date/Time Qualifier	'472' – Service
66	2200D	DTP	DTP02 - Date Time Period Format Qualifier	'RD8' – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
66	2200D	DTP	DTP03 - Date Time Period	The Date(s) associated with this claim for Header level information. The system will take the Earliest 'From Date' and the Latest 'To Date' and report that information.